

FIRST NAME <b>Jack</b>	MIDDLE NAME <b>W</b>	LAST NAME <b>W</b>	APT. NO. <b>611</b>
AGE <b>52</b>	SEX <b>M</b>	RACE <b>W</b>	DATE <b>11-24-63</b>
PRISONER REPORT <b>Request of Discharge</b>			
Nature of Illness or Injury <b>Accomplished. No foreign objects present as far as 3 inches</b>			
Treated in Jail <input type="checkbox"/> Emergency Room <input type="checkbox"/> Portland <input type="checkbox"/>			
Treatment and/or Recommendation by Emergency M.D. <input type="checkbox"/>			
Copy Made <input type="checkbox"/>			
On Duty <input type="checkbox"/>			
NOTE: In the event of injury for prisoners while in jail special report must be made.			

Request of Discharge  
 Accomplished. No foreign objects present as far as 3 inches

Emergency  
 On Duty